Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59			Due to So	hool Clerk June 1			
Elementary District Responsible for	or Reimbursing the 0	Contract		County		Legal Entity	
Hawks Home Elem				Carter		0078	
High School or K-12 District Response	onsible for Reimburs	sing the Contrac	t	County		Legal Entity	
Is this contract shared between □ yes □ no	n elementary and	l high school?					
Are you applying for isolation (If yes, please attach explanate		□ No	3	Student Name	School	Grade	e e
ISOLATION: Section 20-10-142, rates for special circumstances of increased rates, individual circums trustees of the district, the county Public Instruction. (10.7.116 ARM	MCA, provides for in isolation of residence stances must be revitransportation comm	e. In order to re iewed and appro nittee, and the O	eceive oved by the	Student Name	School	Grade	e e
Check here only if increased paym	nent due to isolation	has been appro	ved by the	Student Name	School	Grade	ē
District Trustees and the County T	Initi □ no		3	Student Name	School	Grade	e e
HS District Approval □ yes County Approval □ yes	□ no			HIS CONTRACT IS FO	<u>R:</u>		
Parent or Guardian Name: (Pl	ease Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters	
Joy Price			F	Pre-kindergarten/Kinderg	arten		
Physical Address (street address	ess only):			1st Semester Only		/ □ Both Semesters	
Distance from home to neares Elementary 6.5 HS  Distance from home to neares Elementary 0 HS 0  Contract is for one-way on Students in Each Grade Level - Only inc  Pre-K Total  Regular Trans  Spec. Ed. Trans	ot bus stop, if any ly	(one way)	ontract.  9-12 Total  f	oy this contract: o or from Bus Stop o or from School (indergarten child ride o or from Bus Stop o or from School Deadlines: PARENTS: Due to School CLERKS: Send original ides.	times per day, times per day, times per day, times per day, s without other schooled times per day, times per day, times per day, times per day, tool Clerk June 1.	days per week days per week days per week ol-age students: days per week	k k k
Room & Board				, ,	IMBURSEMENT RA	\TE	
Correspondence					ict, county and OPI		
Reg. Contingency Spec. Ed. Contin.				Reimbu	rsement rate is determ 20-10-142, MCA.	nined by	
Agreement between parent (p  (county name)  The parties agree as follows:  1. The parent shall transport or pro insured driver will transport the s  2. In March and June, the District s transported for the past semeste  3. The payment shall be computed	vide transportation for t tudents. Mileage contr hall pay the parent the ron the basis of the sch	he student(s) to an acts are valid only sum officially appro	unty, hereinafter refer d from the school or bus sto when transportation for the oved in the application upon in Section 20-10-142, MCA,	distance reported on the contract certification by the teacher or pri and the information accompanyi	session. The parent or guardi t actually occurs. ncipal of the school of the nur ng this contract.		_,
4. This contract shall terminate at the Elementary School District		d of Trustees	ueni(s) is no longer enrolled	iii school, whichever occurs first	•	Date	
Hawks Home Elem High School District	Chair, Boar	d of Trustees				Date	
		I attest th	at the above informat	ion is true and correct.			
Signature - Parent or Guardian					Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ox 202501 na, MT  59620	-2501		Di	ue to School C	lerk June 1			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Соц	ınty	I	Legal Entity	
Hawks Home El	em				Ca	ırter		0078	
High School or K-12 Di	strict Responsit	ole for Reimbu	rsing the Conf	tract	Cou	ınty		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?					
Are you applying for (If yes, please attach			□ No		Student	Name	School		Grade
ISOLATION: Section 2	20-10-142, MCA	A, provides for							
rates for special circum increased rates, individ trustees of the district,	ual circumstand	es must be re	viewed and ap	oproved by the	Student	Name	School		Grade
Public Instruction. (10.7				e Office of	Churchant	Mana	Cahaal		Orada
Check here only if incre District Trustees and th				proved by the	Student	vame	School		Grade
Elem District Approval	□ yes	In □ no	itials		Student	Name	School		Grade
HS District Approval County Approval	,	□ no □ no			THIS CO	NTRACT IS FO	DR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1 □ 1st Se	I-12 emester Only	☐ 2nd Semester Only	v 🗆 Both Se	emesters
Kara Lambert						ergarten/Kinder	•	,	
Physical Address (st	treet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	emesters
							KINDERGARTEN:		
Distance from home	to nearest so	hool (one wa	ay)			arten child ride contract:	es <u>with</u> other school-a	age students a	Iso covered
Elementary 9	HS <b>0</b>				To or fro	m Bus Stop	times per day, _ times per day, _	day	s per week
Distance from home Elementary <b>0</b>	to nearest bu	ıs stop, if an	y (one way)		Kinderg	arten child ride	es <u>without</u> other scho times per day, _ times per day, _	ol-age studen	ts:
□ Contract is for or	ne-way only				To or fro	m School	times per day, _	day	s per week
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadli		ool Clerk June 1.		
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS		I to County Supt by July	y 1, retain a co	py for your
Regular Trans					files.				
Spec. Ed. Trans						<b>/ SUPERINTEN</b> your files.	IDENTS: Send origina	ll to OPI by Jul	y 10, retain a
Room & Board						RE	EIMBURSEMENT RA	ATE	
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						_			
Contingency						Reimb	ursement rate is detern 20-10-142, MCA.	nined by	
Spec. Ed. Contin.									
Agreement between	parent (parer	nt name)			, and sch	ool district (dist	rict name)		······································
(county name) The parties agree as follow	ic.			County, hereina	fter referred to a	s the District(s).			
<ol> <li>The parent shall tra</li> </ol>	nsport or provide t				I or bus stop on the da		session. The parent or guard ct actually occurs.	ian assures that a li	censed and
In March and June, transported for the page 1.	the District shall p past semester.	ay the parent th	e sum officially a	pproved in the applic	ation upon certification	n by the teacher or p	rincipal of the school of the nur	mber of days the stu	ident(s) was
<ol> <li>This contract shall t</li> </ol>	terminate at the er	d of the school	ear or when the	student(s) is no long	142, MCA, and the inf er enrolled in school,			Doto	
Elementary School I Hawks Home Elem	JISUICU	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
		<u> </u>	l attes	t that the above	information is tr	ue and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Schoo	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Hawks Home Ele	≏m					Carter		0078
High School or K-12 Dis		le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?	<u>'</u>			
Are you applying for			□ No		Stud	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased rein	nbursement	0.00		00.100.	0.000
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval HS District Approval		Ini □ no □ no	itials 			ent Name	School	Grade
		no				<u>CONTRACT IS FO</u> es 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1s	st Semester Only	□ 2nd Semester Only	y    Both Semesters
Kellie Waterland Physical Address (st		only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home Elementary 14.8  Distance from home Elementary 0  Contract is for on Students in Each Grade Lee  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest bu HS 0	s stop, if an	y (one way)  De covered by this  1-8  Total	9-12 Total	Kind by th To of To of Kind To of To of PAR CLE files. COU	is contract:  from Bus Stop  from School  ergarten child ride from Bus Stop  from School  dlines:  ENTS: Due to Scho  NTY SUPERINTEN for your files.  RE  (For dist	times per day,times per day,	days per week days per week days per week  y 1, retain a copy for your  I to OPI by July 10, retain a  ATE use only)
insured driver will trace.  In March and June, transported for the payment shall be traced to	s: nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longer	or bus stop on ton for the distantation upon certification, and the distantation of th	ce reported on the contract	session. The parent or guardict actually occurs. incipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
		<u> </u>	I attest	that the above	information	s true and correct.		l
Signature - Parent or	Guardian		. 3				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	ia, MT 59620	-2501		Du	e to School	Clerk June 1			
Elementary District Res	sponsible for Re	imbursing the	Contract		(	County	<u> </u>	Legal Entity	
Hawks Home El	em				(	Carter		0078	
High School or K-12 Di		ole for Reimbu	rsing the Contr	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?	<u>'</u>				
Are you applying for			□ No		Studer	nt Name	School	Grade	<u>-</u>
(If yes, please attach ISOLATION: Section 2	n explanation) 20-10-142, MCA	A, provides for	increased reim	nbursement			33.133.	5.445	
rates for special circum increased rates, individ trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand the county trans	tion of resider es must be re portation com	nce. In order to eviewed and ap amittee, and the	receive proved by the	Studer	nt Name	School	Grade	•
Check here only if incre District Trustees and th	ased payment	due to isolatio	n has been ap	proved by the	Studer	nt Name	School	Grade	;
Elem District Approval HS District Approval		In no	itials			nt Name	School	Grade	;
		no			<u>THIS (</u> Grade	CONTRACT IS FO s 1-12	<u>DR:</u>		
Parent or Guardian I	vame: (Pleas	e Print)			□ 1st	Semester Only	□ 2nd Semester Onl	y   Both Semesters	
Vicky McCutcha Physical Address (st		only):				ndergarten/Kinder Semester Only		y   Both Semesters	
Distance from home Elementary 11  Distance from home Elementary 11  Contract is for or Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS 0 to nearest but HS 0 ne-way only vel - Only include  Pre-K Total	the students to the Students t	y (one way) be covered by this Total	9-12 Total	Kinde by this To or f To or f Kinde To or f To or f To or f Coun Copy fo	rgarten child rides contract: rom Bus Stop_ rom School rgarten child ride rom Bus Stop_ rom School Illines: NTS: Due to Scho KS: Send original TY SUPERINTEN or your files.  RE (For dist	times per day,times per day,	days per week da	
insured driver will tr 2. In March and June, transported for the p 3. The payment shall t 4. This contract shall t Elementary School [	s: nsport or provide t ansport the studer the District shall p past semester. pe computed on the erminate at the en	ransportation fo its. Mileage cor ay the parent th ie basis of the si d of the school	r the student(s) to tracts are valid o e sum officially ap	County, hereinaf and from the school nly when transportation proved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on the on for the distance ation upon certifica 42, MCA, and the	reported on the contract	session. The parent or guard at actually occurs. incipal of the school of the nur ing this contract.	ian assures that a licensed and mber of days the student(s) was	_,
Hawks Home Elem High School District		Chair, Boa	ard of Trustee	es				Date	
		,							
Cimpature Description	Cuandic:		I attest	that the above i	information is	true and correct.	Data		_
Signature - Parent or	Guardian						Date		

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 5962					ar 2005- 2006 ool Clerk June 1		
Elementary District Res	sponsible for F	Reimbursing the	Contract			County	·	Legal Entity
Hawks Home El						Carter		0078
High School or K-12 Di	istrict Respons	sible for Reimb	ursing the Cor	ntract		County		Legal Entity
Carter County H	IS					Carter		0097
Is this contract share  ☐ yes ☐ no	ed between e	elementary a	nd high scho	ool?				
Are you applying for (If yes, please attack	h explanatior	۱)	□ No		Stu	dent Name	School	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.)	nstances of iso lual circumstar the county trai	lation of residences must be reasonable for	nce. In order eviewed and a nmittee, and the	to receive approved by the	Stu	dent Name	School	Grade
Check here only if incre District Trustees and th	eased paymen	t due to isolation	on has been a	pproved by the	Student Name School			
Initials  Elem District Approval						ident Name	School FOR:	Grade
Parent or Guardian	Name: (Plea	se Print)				ades 1-12 1st Semester Only	□ 2nd Semester Only	y    Both Semesters
Jaunita Williams	3				Dro	kindergerten/Kind	organton	,
Physical Address (s	treet address	s only):				e-kindergarten/Kind 1st Semester Only		y    Both Semesters
Distance from home to nearest school (one way) Elementary 0 HS 38  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 5.6  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.						dergarten child ri this contract: or from Bus Stop_ or from School dergarten child ri or from Bus Stop_ or from School	times per day, times per day, _ des without other scho	days per week days per week days per week ol-age students: days per week days per week days per week days per week
	Pre-K Total	K Total	1-8 Total	9-12 Total	CL	ERKS: Send origin	nal to County Supt by Jul	y 1, retain a copy for your
Regular Trans				files.				
Spec. Ed. Trans						UNTY SUPERINT by for your files.	ENDENTS: Send origina	I to OPI by July 10, retain a

Spec. Ed. Trans

Room & Board

Correspondence

Reg. Contingency

Spec. Ed. Contin.

Pre-K	_ K	1-8	9-12
Total	Total	Total	Total

REIMBURSEMENT RATE

(For district, county and OPI use only)

Reimbursement rate is determined by 20-10-142, MCA.

Agreement between parent (parent name), and school district (district name)									
(county name) County, hereinafter referred to as the District(s).									
The parties agree as follows:									
	ansportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardia	an assures that a licensed and							
	ts. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.								
<ol><li>In March and June, the District shall pa</li></ol>	2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was								
transported for the past semester.									
<ol><li>The payment shall be computed on the</li></ol>	e basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.								
<ol> <li>This contract shall terminate at the end</li> </ol>	d of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.								
Elementary School District	Chair, Board of Trustees	Date							
Hawks Home Elem									
High School District Chair, Board of Trustees Date									
Carter County H S									
Curtor County 11 C									
	I attest that the above information is true and correct.								

Date

Address, City, Zip Code

Signature - Parent or Guardian

Signature - Parent or Guardian

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Elementary Dated Responsible for Remourang the Contract   Carter   O.083	PO Box 202501 Helena, MT 5962	0-2501		chool Year 2005- 2006 e to School Clerk June 1	
Ingo Storo or K-12 Datatot Responsable for Reminiuraing the Contract  Carrier Country I Datatot Responsable for Reminiuraing the Contract  I bits contract shared between elementary and high school?  Legs Emily  Carrier 0097  I see Into Responsable for Reminiuraing the Country  Legs Emily  Carrier 0097  I see Into Responsable for Reminiuraing the Country  Legs Emily  Carrier 0097  I see Into Responsable for Reminiuraing the Country  Legs Emily  Carrier 0097  I see Into Responsable for Reminiuraing the Country  Responsable for Reminiuraing the Country Reminiuraing the Country  Responsable for Reminiuraing the Country Reminiuraing the Country Reminiuraing the Reminiuraing the Country Reminiuraing the Country Reminiuraing the Reminiuraing the Country Reminiuraing the Reminiuraing the Country Reminiuraing the Reminiuraing Reminiuraing the Reminiuraing Remi	Elementary District Responsible for R	Reimbursing the Contract		County	Legal Entity
Is this contract shared between elementary and high school?    yes		ible for Reimbursing the Co	ntract		
Are you applying for isolation status? Yes	Carter County H S			Carter	0097
Student Name		elementary and high sch	ool?		
Student Name	(If yes, please attach explanation	1)	in horas and	Student Name School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Commine. Infilials    Student Name	rates for special circumstances of iso increased rates, individual circumstar trustees of the district, the county trar	lation of residence. In order nces must be reviewed and asportation committee, and	to receive approved by the	Student Name School	Grade
Elem Distinct Approval   yes	Check here only if increased paymen	t due to isolation has been a	approved by the	Student Name School	Grade
Parent or Guardian Name: (Please Print)   Parent or Guardian Name: (Please Print)   Tracey Walker   Physical Address (street address only):   Pre-kindergarten (Sindergarten)   Pre-kindergarten (Physical Address (street address only):   Pre-kindergarten (Physical Address (street address only):   Pre-kindergarten (Physical Address)		□ no		Student Name School	Grade
Tracey Walker	County Approval	□ no			
Physical Address (street address only):    1st Semester Only   2nd Semester Only   Both Semesters     1st Semester Only   2nd Semester Only   Both Semester Only   2nd Semester Only   Both Semesters     1st Semester Only   2nd Semester Only   2nd Semester Only   Both Semester Only   Contract     1st Semester Only   2nd Semester On	,	se Print)			ter Only   Both Semesters
Distance from home to nearest school (one way)  Elementary 0		s only):			ter Only   Both Semesters
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name)	Distance from home to nearest be Elementary 0 HS 6  Contract is for one-way only	ous stop, if any (one way		Kindergarten child rides with other so by this contract:  To or from Bus Stop times pe To or from School times pe Kindergarten child rides without othe To or from Bus Stop times pe To or from School times pe Deadlines:	chool-age students also covered  r day, days per week r day, days per week r school-age students: r day, days per week r day, days per week r day, days per week
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport the students will design contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the school year or when the student(s) is no longer enrolled in section 20-10-142, MCA, and the information accompanying this contract.  Elementary School District Chair, Board of Trustees Carter County H S  COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.  REIMBURSEMENT RATE (For district, county and OPI use only)  Reimbursement rate is determined by 20-10-142, MCA.	_		-	CLERKS: Send original to County Supr	
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name), county, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District				COUNTY SUPERINTENDENTS: Send	original to OPI by July 10, retain a
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name), county, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Johnston Elem  High School District Chair, Board of Trustees Date	Spec. Ed. Trans		<del> </del>		
Reg. Contingency Spec. Ed. Contin.  Agreement between parent (parent name), and school district (district name),  (county name)				REIMBURSEME	
Agreement between parent (parent name)	Reg.			Paimhursamant rata is	determined by
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Johnston Elem  High School District  Chair, Board of Trustees  Carter County H S  Chair, Board of Trustees	• •				
(county name) County, hereinafter referred to as the District(s).  The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Johnston Elem  High School District  Chair, Board of Trustees  Carter County H S  Chair, Board of Trustees					
The parties agree as follows:  1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.  2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.  3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.  4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District  Chair, Board of Trustees  Chair, Board of Trustees  Chair, Board of Trustees  Carter County H S  Date		ent name)		,	,
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.  Elementary School District Johnston Elem High School District Carter County H S  Date  Date	The parties agree as follows:  1. The parent shall transport or provide insured driver will transport the stud  2. In March and June, the District shall transported for the past semester.	ents. Mileage contracts are valid pay the parent the sum officially	) to and from the school of d only when transportation approved in the applicat	or bus stop on the days when school is in session. The paren in for the distance reported on the contract actually occurs. ion upon certification by the teacher or principal of the school	·
Johnston Élem High School District Chair, Board of Trustees Carter County H S  Carter County H S  Carter County H S	<ol> <li>This contract shall terminate at the example.</li> </ol>	end of the school year or when the	ne student(s) is no longer	enrolled in school, whichever occurs first.	Date
	Johnston Élem High School District	,			
	Carter County H S	Lotto	set that the above in	oformation is true and correct	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Di	ue to Schoo	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Ekalaka Elem						Carter		0087	
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  ☐ yes ☐ no	d between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach ISOLATION: Section 2	0-10-142, MCA	, provides for			1				
rates for special circums increased rates, individu trustees of the district, th	ual circumstanc ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.7)	·	J	ŕ		Stud	ent Name	School		Grade
Check here only if increa District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	ent Name	School		Grade
		□ no □ no				CONTRACT IS FO	PR:		
Parent or Guardian N	lame: (Please	e Print)				les 1-12 st Semester Only	☐ 2nd Semester Onl	y □ Both Se	mesters
Jodi Schell					Pre-	kindergarten/Kinderg	rarten		
Physical Address (str	reet address	only):					☐ 2nd Semester Only	y 🛛 Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary <b>0</b>	to nearest so	hool (one wa	ay)		bv ti	nis contract:	s <u>with</u> other school-a	_	
Distance from home Elementary <b>0</b>	to nearest bu HS <b>0</b>	ıs stop, if an	y (one way)		Kind	lergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	s:
·					To o	r from School	times per day, _ times per day, _	days	s per week s per week
☐ Contract is for one Students in Each Grade Lev	• •	the students to b	be covered by thi	s contract.	Dea	ıdlines:			
ſ	Pre-K	К	1-8	9-12		ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.		to County Supt by Jul	y 1, retain a cop	by for your
Regular Trans					COL	INTY SUPERINTEN	DENTS: Send origina	al to OPI by July	10, retain a
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For disti	rict, county and OPI	use only)	
Reg.						Peimbi	ursement rate is detern	nined by	
Contingency Spec. Ed. Contin.						T CITIB	20-10-142, MCA.	Timed by	
5,000. Ed. 0011111.									
Agreement between	parent (parer	nt name)			, and	school district (distr	ict name)		·,
(county name) The parties agree as follows	<u> </u>		(	County, hereina	fter referred	to as the District(s).			
The parent shall transinsured driver will transition	sport or provide to ensport the studer	nts. Mileage con	tracts are valid o	only when transportat	tion for the distar	ice reported on the contract			
transported for the p	ast semester.	•	•				incipal of the school of the nu	mber of days the stu	dent(s) was
<ol> <li>This contract shall te</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	er enrolled in sc	he information accompany nool, whichever occurs firs	ing this contract. t.	Doto	
Elementary School D Ekalaka Elem	USTRICT	,	ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or C	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
Ekalaka Elem						Carter		0087
High School or K-12 D	istrict Responsit	le for Reimburs	sing the Cont	ract		County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	nly □ Both Semesters
Kim Lesh		L A				kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	□ 2nd Semester On	lly ☐ Both Semesters
Distance from home Elementary 29  Distance from home Elementary 5  Contract is for o Students in Each Grade Low Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>0</b> e to nearest bu HS <b>0</b> ne-way only	s stop, if any	(one way)	s contract.  9-12 Total	Kine by t To c Kine To c V To c V To c V To c C C C C C C C C C C C C C C C C C C C	his contract: or from Bus Stop or from School dergarten child ride or from School adlines: RENTS: Due to Scho ERKS: Send original y for your files.  RENTS: RENTENTEN Y for dist	times per day, times per day, times per day, s without other sche times per day,	days per week da
Agraement between	naront (naror	et namo)			200	d school district (distr	rict namo)	
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer, the District shall p past semester. be computed on th	ransportation for the state of the parent the state basis of the sch	ne student(s) to acts are valid o sum officially a	o and from the school only when transportation pproved in the applicated in Section 20-10-1	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar tactually occurs. rincipal of the school of the ning this contract.	rdian assures that a licensed and umber of days the student(s) was
Elementary School Ekalaka Elem		Chair, Boar						Date
High School District		Chair, Boar	d of Truste	es				Date
			I attes	that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

Helena, MT 59620	-2501	Due	to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity
Ekalaka Elem			Carter		0087
High School or K-12 District Responsit	ole for Reimbursing the Con	tract	County		Legal Entity
Is this contract shared between el □ yes □ no	ementary and high scho	ol?	<u> </u>		
Are you applying for isolation state			Student Name	School	Grade
(If yes, please attach explanation)  ISOLATION: Section 20-10-142, MCA	A, provides for increased rein	mbursement	Olddent Name	Concor	Grade
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	ation of residence. In order to see must be reviewed and a sportation committee, and the	to receive pproved by the	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	oproved by the	Student Name	School	Grade
HS District Approval ☐ yes	Initials  no no		Student Name	School	Grade
County Approval ☐ yes  Parent or Guardian Name: (Pleas	no		THIS CONTRACT IS FOR: Grades 1-12		
·	e Fillit)		☐ 1st Semester Only ☐	2nd Semester Only	☐ Both Semesters
Mardee Guyer Physical Address (street address	only):		Pre-kindergarten/Kindergart  ☐ 1st Semester Only  ☐		□ Both Semesters
Distance from home to nearest so Elementary 15 HS 0  Distance from home to nearest but Elementary 10 HS 0  Contract is for one-way only Students in Each Grade Level - Only include  Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	the students to be covered by the Total Total	9-12 Total	(For district,	times per day, times per day, times per day, times per day, vithout other school times per day, times p	days per week days per week l-age students: days per week days per week days per week  1, retain a copy for your to OPI by July 10, retain a  TE use only) ned by
insured driver will transport the studer  In March and June, the District shall part transported for the past semester.  The payment shall be computed on the	cransportation for the student(s) to the student state. Mileage contracts are valid any the parent the sum officially and the basis of the schedule establist	County, hereinafter o and from the school or lonly when transportation approved in the application and in Section 20-10-142, student(s) is no longer e	, and school district (district referred to as the District(s).  bus stop on the days when school is in sess for the distance reported on the contract act n upon certification by the teacher or princip, MCA, and the information accompanying the nolled in school, whichever occurs first.	sion. The parent or guardian tually occurs. oal of the school of the numb	n assures that a licensed and
High School District	Chair, Board of Truste	ees			Date
	l attes	t that the above infe	ormation is true and correct.		
Signature - Parent or Guardian			Da	ate	

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Clerk Jun	e 1	
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Ekalaka Elem					Carter		0087
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	<u> </u>		•
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for			otadoni rtamo	Concor	Sidds
rates for special circun increased rates, individ trustees of the district,	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Name	School	Grade
Public Instruction. (10.					Student Name	School	Grade
Check here only if incr District Trustees and the		sportation Com	mittee.	oproved by the	Stadent Name	3011001	Crade
Elem District Approval		□ no	tials ———		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT	r IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester (	Only   2nd Semester O	nly   Both Semesters
William F. Kenn					Pre-kindergarten/	Kindergarten	
Physical Address (s	treet address	only):				Only	nly   Both Semesters
						I/PREKINDERGARTEN:	
Distance from home	e to nearest so	chool (one wa	ıy)		by this contract:	<del></del>	l-age students also covered
Distance from home		ıs stop, if any	(one way)		To or from Schoo	l times per day times per day tild rides without other sch	, days per week , days per week nool-age students:
Elementary 7	HS <b>0</b>				To or from Subsection	op times per day	days per week days per week
□ Contract is for o	ne-way only				10 of from Schoo	i times per day	, days per week
Students in Each Grade Lo	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			uly 1, retain a copy for your
Regular Trans	Total	Total	Total	Total	files.	original to County Supt by o	uly 1, retail a copy for your
Spec. Ed. Trans					COUNTY SUPER copy for your files		nal to OPI by July 10, retain a
Room & Board						REIMBURSEMENT I	RATE
Correspondence					(Fe	or district, county and OF	
Reg.							
Contingency						Reimbursement rate is dete 20-10-142, MCA.	
Spec. Ed. Contin.						,	
Agreement betweer	n parent (pare	nt name)			, and school distri	ct (district name)	,
(county name)				County, hereinaf	er referred to as the Dis	trict(s).	
	ansport or provide				or bus stop on the days when so on for the distance reported on th	hool is in session. The parent or gua	ardian assures that a licensed and
In March and June transported for the	, the District shall p	pay the parent the	e sum officially a	approved in the applica	tion upon certification by the tea	cher or principal of the school of the	number of days the student(s) was
<ol><li>The payment shall</li></ol>	be computed on the				42, MCA, and the information ac renrolled in school, whichever o		
Elementary School Ekalaka Elem	District	Chair, Boa	rd of Truste	es			Date
High School District		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and co	prrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 596	20-2501	I	School Year 2005- 2006  Due to School Clerk June 1		
Elementary District Responsible for	Reimbursing the Con	tract	County		Legal Entity
Ekalaka Elem			Carter		0087
High School or K-12 District Respor	sible for Reimbursing	the Contract	County		Legal Entity
Carter County H S			Carter		0097
Is this contract shared between  ☐ yes ☐ no	elementary and hi	gh school?			
Are you applying for isolation st (If yes, please attach explanation)	on)	□ No	Student Name	School	Grade
ISOLATION: Section 20-10-142, M rates for special circumstances of is increased rates, individual circumstatrustees of the district, the county transport of the county transp	olation of residence. ances must be review ansportation committe	In order to receive ed and approved by the e, and the Office of	Student Name	School	Grade
Check here only if increased payme District Trustees and the County Tra	nt due to isolation has	s been approved by the	Student Name	School	Grade
Elem District Approval □ yes	Initials  □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	DR:	
Parent or Guardian Name: (Ple	ase Print)		Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester Only	□ Both Semesters
Butch Reynolds			Pre-kindergarten/Kinder	rarten	
Physical Address (street address	ss only):		☐ 1st Semester Only		□ Both Semesters
Distance from home to nearest Elementary 0 HS 20  Distance from home to nearest Elementary 0 HS 12  Contract is for one-way only Students in Each Grade Level - Only includents in Each	bus stop, if any (or  de the students to be cov	.,	by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to School  CLERKS: Send original files.  COUNTY SUPERINTEN copy for your files.  RE (For dist	times per day, tool Clerk June 1.	days per week da
insured driver will transport the stu 2. In March and June, the District sha transported for the past semester. 3. The payment shall be computed o	de transportation for the s dents. Mileage contracts all pay the parent the sum n the basis of the schedu	tudent(s) to and from the sch are valid only when transpor officially approved in the app	, and school district (distinated referred to as the District(s).  nool or bus stop on the days when school is in relation for the distance reported on the contraplication upon certification by the teacher or put 10-142, MCA, and the information accompany onger enrolled in school, whichever occurs first	session. The parent or guardict actually occurs. incipal of the school of the numing this contract.	
Elementary School District Ekalaka Elem	Chair, Board o				Date
High School District Carter County H S	Chair, Board o	f Trustees			Date
	<u> </u>	I attest that the above	ve information is true and correct.		<u> </u>
Signature - Parent or Guardian				Date	

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	202501 MT 59620				School Year 2005- 2006 ue to School Clerk June 1	
Elementary District Respo	nsible for Re	imbursing the C	Contract		County	Legal Entity
Ekalaka Elem					Carter	0087
High School or K-12 Distri	ct Responsib	le for Reimburs	sing the Cont	tract	County	Legal Entity
Carter County H S	;				Carter	0097
Is this contract shared  □ yes □ no	between el	ementary and	l high scho	ol?		
Are you applying for ise (If yes, please attach e ISOLATION: Section 20-	xplanation)		□ No	mhraamant	Student Name School	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	inces of isola circumstanc county trans	tion of residences must be revi eportation comm	e. In order to iewed and ap nittee, and the	o receive oproved by the	Student Name School	Grade
Check here only if increas District Trustees and the 0	ed payment	due to isolation	has been ap	proved by the	Student Name School	Grade
Elem District Approval HS District Approval		Initia □ no □ no	als		Student Name School	Grade
		no no			THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Na	me: (Pleas	e Print)			☐ 1st Semester Only ☐ 2nd Semest	er Only   Both Semesters
Patricia Lovee Physical Address (street	et address	oulv).			Pre-kindergarten/Kindergarten	on Only
1 Trysloai 7 taaress (stres	ot dadi coo	orny).			☐ 1st Semester Only ☐ 2nd Semest	•
Distance from home to Elementary 0  Distance from home to Elementary 0  Contract is for one-Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>25</b> nearest bu HS <b>6</b> way only	s stop, if any	(one way)	is contract.  9-12 Total	KINDERGARTEN/PREKINDERGARTEI Kindergarten child rides with other so by this contract:  To or from Bus Stop times per To or from School times per Kindergarten child rides without other To or from Bus Stop times per To or from School times per To or from School times per  Deadlines: PARENTS: Due to School Clerk June 1  CLERKS: Send original to County Supt files.  COUNTY SUPERINTENDENTS: Send copy for your files.  REIMBURSEME (For district, county and Reimbursement rate is 20-10-142, M	day, days per week day, days per week day, days per week days per week school-age students: day, days per week day, days per week day, days per week day, days per week day days per week days per
insured driver will trans 2. In March and June, the transported for the pas 3. The payment shall be of This contract shall term	ort or provide t port the studer District shall p t semester. computed on th ninate at the en	ransportation for the service basis of the school ye	he student(s) to acts are valid of sum officially a edule establish ar or when the	o and from the schoo only when transportal approved in the applicated and in Section 20-10- student(s) is no long	fter referred to as the District(s).  If or bus stop on the days when school is in session. The parent ion for the distance reported on the contract actually occurs, ation upon certification by the teacher or principal of the school of the contract actually occurs, at the contract actually occurs, at the contract actually occurs, and the information accompanying this contract, or enrolled in school, whichever occurs first.	of the number of days the student(s) was
Elementary School Dis Ekalaka Elem	trict	Chair, Boar				Date
High School District Carter County H S		Chair, Boar	d of Truste	es		Date
			I attes	t that the above	information is true and correct.	<u> </u>
Signature - Parent or Gu	ardian				Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	na, MT 59620	-2501		D	ue to Scho	ol Clerk June 1			
Elementary District Re	sponsible for Re	imbursing the	Contract			County	1	Legal Entity	
Alzada Elem						Carter		0096	
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stuc	dent Name	School		Grade
(If yes, please attack ISOLATION: Section :	20-10-142, MCA	, provides for			1				
rates for special circum increased rates, individ trustees of the district,	lual circumstand the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School		Grade
Public Instruction. (10.	·	J	,		Stuc	dent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stuc	lent Name	School		Grade
HS District Approval						S CONTRACT IS FO	DR:		
Parent or Guardian	e Print)				des 1-12 st Semester Only	□ 2nd Semester Only	y 🗆 Both Se	mesters	
Bruce Dinstel					Pre-	kindergarten/Kinder	parten		
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y 🗆 Both Se	mesters
						DERGARTEN/PRE			
Distance from home Elementary <b>44</b>	to nearest so HS <b>0</b>	hool (one wa	ay)		bv t	his contract:	es <u>with</u> other school-a times per day,	_	
Distance from home Elementary 18	to nearest bu	ıs stop, if an	y (one way)		Kind	dergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho times per day, _	ol-age student	s:
□ Contract is for o	ne-way only				Тос	or from School	times per day, _	days	s per week
Students in Each Grade Le	• •	the students to b	be covered by thi	is contract.		adlines:			
	Pre-K	K	1-8	9-12	PAR	RENTS: Due to Scho	ool Clerk June 1.		
Dogular Trans	Total	Total	Total	Total	CLE files		to County Supt by July	y 1, retain a cop	by for your
Regular Trans  Spec. Ed. Trans						JNTY SUPERINTEN of for your files.	IDENTS: Send origina	ıl to OPI by July	10, retain a
Room & Board						RE	IMBURSEMENT RA	ATF	
							rict, county and OPI		
Correspondence									
Reg. Contingency						Reimbi	ursement rate is detern	nined by	
Spec. Ed. Contin.							20-10-142, MCA.		
		1							
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)				County, hereina	ifter referred	to as the District(s).			
The parties agree as follow		ransportation for		•		` '	session. The parent or guard	ian assures that a lic	censed and
<ol><li>In March and June,</li></ol>	, the District shall p					nce reported on the contractification by the teacher or pr	ct actually occurs. rincipal of the school of the nui	mber of days the stu	dent(s) was
transported for the 3. The payment shall 4 This contract shall	be computed on th	e basis of the so	chedule establish	ned in Section 20-10-	-142, MCA, and	the information accompany	ing this contract.		
Elementary School			ard of Truste		gor critolied iii SC	willow VCI Occurs IIIS	u.	Date	
Alzada Elem High School District									
			1 11	4.414.41-		in the control of			
Signature - Parent or	Guardian		I attes	t that the above	intormation	is true and correct.	Date		
orginature - Farent Of	Guaruian						Dale		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	30x 202501 na, MT 59620	)-2501		Du	e to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity
Alzada Elem					Carter		0096
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	County		Legal Entity
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?	•		
Are you applying for			□ No		Student Name	School	Grade
(If yes, please attaction: Section	20-10-142, MCA	A, provides for			otacont riamo	3033	5.445
rates for special circum increased rates, individ	dual circumstand	ces must be re-	viewed and ap	oproved by the	Student Name	School	Grade
trustees of the district, Public Instruction. (10.				e Office of	Otrada at Nama	Ochsal	Overde
Check here only if incr District Trustees and the				proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Don & Jennifer	Cole				Pre-kindergarten/Kind	•	,
Physical Address (s	treet address	only):				□ 2nd Semester Only	y    Both Semesters
					KINDERGARTEN/PR		
Distance from home	e to nearest so	hool (one wa	ay)		Kindergarten child ri by this contract:	des <u>with</u> other school-a	nge students also covered
Elementary 49.1	HS <b>0</b>				To or from Bus Stop_	times per day, _	days per week
Distance from home Elementary <b>15</b>	e to nearest bu HS <b>0</b>	ıs stop, if any	(one way)		Kindergarten child ri To or from Bus Stop_	des <u>without</u> other scho times per day, _	days per week ol-age students: days per week days per week
□ Contract is for o	ne-way only				To or from School	times per day, _	days per week
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to So	chool Clerk June 1	
	Pre-K	K	1-8 Tatal	9-12 Tatal			
Danielas Tanas	Total	Total	Total	Total	files.	nal to County Supt by July	y 1, retain a copy for your
Regular Trans						ENDENTS: Send origina	l to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.		
Room & Board						REIMBURSEMENT RA strict, county and OPI	
Correspondence					(1 01 01	othot, obanty and of t	doc omy)
Reg. Contingency					Rein	nbursement rate is detern	nined by
Spec. Ed. Contin.						20-10-142, MCA.	
Agreement betweer	n narent (nare)	nt name)			, and school district (di	strict name)	
	r parent (paren	nt riame)					······································
(county name) The parties agree as follow				•	ter referred to as the District(	•	: <b>44</b> - <b>1</b> : <b>4</b>
insured driver will t	ransport the stude	nts. Mileage con	tracts are valid of	only when transportation	or bus stop on the days when school is on for the distance reported on the con tion upon certification by the teacher o	tract actually occurs.	
transported for the 3. The payment shall	past semester. be computed on the	ne basis of the so	hedule establish	ned in Section 20-10-1	42, MCA, and the information accompa	anying this contract.	
4. This contract shall Elementary School			ear or when the ard of Truste		er enrolled in school, whichever occurs	first.	Date
Alzada Elem High School District		,	ard of Truste				Date
riigii ocilooi bistiict	· 	Onall, Due	a or riuste				Date
			I attes	t that the above i	information is true and correct	t.	
Signature - Parent or	Guardian			<u> </u>		Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	ie to Schoo	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Alzada Elem						Carter		0096
High School or K-12 Dis	strict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u>'</u>			
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 20-10-142, MCA	, provides for	increased rein	nbursement			00.100.	0.000
rates for special circum- increased rates, individe trustees of the district, t Public Instruction. (10.7	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stude	ent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stude	ent Name	School	Grade
Elem District Approval HS District Approval		Ini no	itials			ent Name	School	Grade
	□ yes	no				ECONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)			☐ 1s	st Semester Only	□ 2nd Semester Only	y    Both Semesters
Kyle M. Lindberg Physical Address (st	) reet address	only):				kindergarten/Kinderg st Semester Only		y    Both Semesters
Distance from home to nearest school (one way) Elementary 23 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.						is contract:  from Bus Stop  from School  ergarten child ride from Bus Stop  from School  dlines:  ENTS: Due to Scho  NTY SUPERINTEN for your files.  RE  RE  Reimbo	times per day,times per day,	days per week da
insured driver will trace.  2. In March and June, transported for the payment shall be a second to	s:  nsport or provide t ansport the studer the District shall asst semester. be computed on th erminate at the en	ransportation for its. Mileage cor ay the parent the e basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school nly when transportation oproved in the applicated ed in Section 20-10-1 student(s) is no longe	fter referred or bus stop on ton for the distantation upon certifities.	to as the District(s).  the days when school is in ce reported on the contract	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			Lattest	that the above	information	s true and correct.		
Signature - Parent or	Guardian		ı allesi	uiai iiie above	ıı noımalibil	s true and correct.	Date	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Du	e to Schoo	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County		Legal Entity
Alzada Elem						Carter		0096
High School or K-12 Dis	trict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high school	ol?	<u>'</u>			
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation) 0-10-142, MCA	A, provides for	increased rein	nbursement	0.00		00.100.	0.440
rates for special circums increased rates, individu trustees of the district, tl Public Instruction. (10.7	ial circumstand ne county trans	es must be re sportation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School	Grade
Check here only if incre District Trustees and the	ased payment	due to isolatio	n has been ap	proved by the	Stud	ent Name	School	Grade
Elem District Approval	□ yes □		itials			ent Name	School	Grade
		no				CONTRACT IS FO es 1-12	<u>DR:</u>	
Parent or Guardian N	iame: (Pleas	e Print)			☐ 1s	st Semester Only	□ 2nd Semester Only	y    Both Semesters
Lynn Sandvick Physical Address (str	reet address	only):				kindergarten/Kinder st Semester Only		y    Both Semesters
Distance from home to nearest school (one way) Elementary 39 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency Spec. Ed. Contin.						ris contract:  from Bus Stop from School ergarten child ride from Bus Stop from School  dlines: ENTS: Due to Scho RKS: Send original  NTY SUPERINTEN for your files.  RE  RE  RE  RE  RE  RE  RE  RE  RE  R	times per day, tool Clerk June 1.	days per week da
insured driver will tra  In March and June, 1 transported for the The payment shall be This contract shall te Elementary School D	s: isport or provide t insport the studer he District shall past semester. e computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially al	County, hereinaf o and from the school only when transportation opproved in the applicated ed in Section 20-10-1 student(s) is no longe	or bus stop on to for the distantation upon certificate, MCA, and the	to as the District(s).  the days when school is in ce reported on the contract	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
Alzada Elem High School District		Chair, Boa	ard of Truste	es				Date
			1 0#0=4	that the above	information	is true and samest		
Signature - Parent or 0	Guardian		ı attest	unat the above i	iniormation	s true and correct.	Date	
Signature Farent Of C	- au aiui						_4.0	

Address, City, Zip Code

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	a, MT 59620	-2501		Dı	ue to Schoo	ol Clerk June 1			
Elementary District Res	ponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Alzada Elem						Carter		0096	
High School or K-12 Dis	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share  □ yes □ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	ent Name	School		Grade
(If yes, please attach	20-10-142, MCA	, provides for			1				
rates for special circums increased rates, individu trustees of the district, t	ual circumstand he county trans	es must be re portation com	viewed and ap mittee, and the	proved by the	Stud	ent Name	School		Grade
Public Instruction. (10.7	·	, and the second	ŕ		Stud	ent Name	School		Grade
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the					
Elem District Approval		no	tials		Stud	ent Name	School		Grade
HS District Approval						CONTRACT IS FO	DR:		
Parent or Guardian N	e Print)				es 1-12 st Semester Only	□ 2nd Semester Onl	y □ Both Se	mesters	
Teresa Walker					Pre-	kindergarten/Kinderg	narten	•	
Physical Address (st	reet address	only):					☐ 2nd Semester Onl	y □ Both Se	mesters
						DERGARTEN/PREM			
Distance from home Elementary <b>0</b>	to nearest sc	hool (one wa	ay)		by ti	is contract:	es <u>with</u> other school-a	_	
Distance from home Elementary <b>0</b>	to nearest bu	s stop, if an	y (one way)		Kind	ergarten child ride	times per day, _ times per day, _ s <u>without</u> other scho	ol-age student	ts:
•					To o	r from School	times per day, _ times per day, _	days	s per week s per week
☐ Contract is for on Students in Each Grade Let		the students to b	ne covered by thi	s contract.	Dea	dlines:			
	Pre-K	К	1-8	9-12	PAR	ENTS: Due to Scho	ool Clerk June 1.		
	Total	Total	Total	Total	CLE files.	RKS: Send original	to County Supt by Jul	y 1, retain a cop	py for your
Regular Trans					COL	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10, retain a
Spec. Ed. Trans						for your files.			
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.						Reimhi	ursement rate is deterr	nined by	
Contingency Spec. Ed. Contin.						T CITIO	20-10-142, MCA.	Tillica by	
3,500. Ed. 00mm.									
Agreement between	parent (parer	nt name)			, and	school district (distr	rict name)		·,
(county name)	s:			County, hereina	fter referred	to as the District(s).			
The parent shall transinsured driver will transition	nsport or provide t ansport the studer	nts. Mileage con	tracts are valid o	only when transportat	tion for the distar	ce reported on the contract			
transported for the p	ast semester.	•	•		·		rincipal of the school of the nu	mber of days the stu	ident(s) was
<ol> <li>This contract shall to</li> </ol>	erminate at the en	d of the school y	ear or when the	student(s) is no long	- 14∠, MCA, and t ger enrolled in sc	ne information accompany nool, whichever occurs firs	ing this contract. t.	Data	
Elementary School District Chair, Board of Trustees Date  Alzada Elem									
High School District		Chair, Boa	ard of Truste	es				Date	
			I attes	t that the above	information	is true and correct.			
Signature - Parent or 0	Guardian						Date		

Address, City, Zip Code

## INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

	sox 202501 na, MT 59620	)-2501		Du	e to School Cle	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Cour	nty		Legal Entity
Alzada Elem					Car	ter		0096
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract	Cour			Legal Entity
Is this contract share  □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for			□ No		Student N	ame	School	Grade
(If yes, please attack ISOLATION: Section 2			increased reir	mbursement	Olddelli 14	anic	Concor	Ciudo
rates for special circum increased rates, individ	dual circumstand	ces must be re	viewed and ap	oproved by the	Student N	ame	School	Grade
trustees of the district, Public Instruction. (10.				е Опісе от	0			
Check here only if incre District Trustees and th				proved by the	Student N	ame	School	Grade
Elem District Approval		□ no	tials		Student N	ame	School	Grade
HS District Approval County Approval		□ no □ no				ITRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1- □ 1st Ser	12 nester Only	□ 2nd Semester Only	/ □ Both Semesters
Teresa Walker					Pre-kinde	rgarten/Kinder	garten	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	/ □ Both Semesters
					KINDERG	ARTEN/PREI	KINDERGARTEN:	
Distance from home Elementary 5	to nearest so	chool (one wa	ay)		by this co	ntract:		ge students also covered
Distance from home		is stop if an	, (ana way)		To or from	School	times per day, _ times per day, _	days per week days per week ol-age students:
Elementary <b>0</b>	HS 0	15 Stop, II all	(One way)		To or from	rten child ride	es <u>without</u> other school	ol-age students: days per week days per week
☐ Contract is for or	ne-way only				10 01 11011	1 501001	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by th	is contract.	Deadlin PARENTS		ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total				/ 1, retain a copy for your
Regular Trans	Total	rotai	Total	rotar	files.	Seria origina	i to County Supt by July	7 1, retain a copy for your
Spec. Ed. Trans					COUNTY copy for y		IDENTS: Send origina	I to OPI by July 10, retain a
Room & Board					30py 101 y		EIMBURSEMENT RA	ATE
Correspondence							rict, county and OPI	
Reg.								
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	n parent (parei	nt name)			, and scho	ol district (dist	rict name)	······································
(county name)				County, hereinaf	ter referred to as	the District(s).		
	ansport or provide				or bus stop on the day			an assures that a licensed and
	, the District shall p							nber of days the student(s) was
<ol> <li>The payment shall</li> <li>This contract shall</li> </ol>	be computed on the terminate at the er	nd of the school y	ear or when the	student(s) is no longe	42, MCA, and the information of the second o			<b>,</b>
Elementary School Alzada Elem	District	Chair, Boa	ard of Truste	es				Date
High School District		Chair, Boa	ard of Truste	es				Date
			I attes	t that the above i	information is true	e and correct.		
Signature - Parent or	Guardian						Date	

# INDIVIDUAL TRANSPORTATION CONTRACT School Year 2005- 2006

Contract #

PO Box 202501 Helena, MT 59620	)-2501		e to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Contrac	et	County	•	Legal Entity
Alzada Elem			Carter		0096
High School or K-12 District Responsi	ble for Reimbursing the	e Contract	County		Legal Entity
Carter County H S			Carter		0097
Is this contract shared between e □ yes □ no	lementary and high	school?			
Are you applying for isolation stat (If yes, please attach explanation	)		Student Name	School	Grade
<b>ISOLATION:</b> Section 20-10-142, MC, rates for special circumstances of isolincreased rates, individual circumstantrustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. In one ces must be reviewed a sportation committee, a	order to receive and approved by the and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has be	,	Student Name	School	Grade
Elem District Approval □ yes	Initials □ no □ no	_	Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS F Grades 1-12	OR:	
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester On	ly   Both Semesters
Cynde S. Cole			Pre-kindergarten/Kinde	rgarten	
Physical Address (street address	only):		☐ 1st Semester Only	☐ 2nd Semester On	ly    Both Semesters
Distance from home to nearest so Elementary 0 HS 0  Distance from home to nearest be Elementary 0 HS 0  Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	us stop, if any (one	d by this contract.	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTE copy for your files.  R (For dis	times per day, times per day, times per day, les without other schotimes per day, times per day, times per day, times per day, times per day, les de la to County Supt by Judal to County Supt by Supt by Judal to County Supt by Supt	days per week da
insured driver will transport the stude In March and June, the District shall transported for the past semester.  The payment shall be computed on t This contract shall terminate at the e	transportation for the students. Mileage contracts are pay the parent the sum off the basis of the schedule end of the school year or when the year or when the school year or when the school year or when y	ent(s) to and from the school c e valid only when transportation icially approved in the applicat stablished in Section 20-10-14 ten the student(s) is no longer	, and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the control in upon certification by the teacher or 12, MCA, and the information accomparenrolled in school, whichever occurs fire	). in session. The parent or guar act actually occurs. principal of the school of the n	umber of days the student(s) was
Elementary School District Alzada Elem	Chair, Board of T				Date
High School District Carter County H S	Chair, Board of T	rustees			Date
		attest that the above ir	nformation is true and correct.	·	
Signature - Parent or Guardian				Date	

Address, City, Zip Code Phone Number

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620			_	chool Year 2005- 2006 e to School Clerk June		
Elementary District Resp			Contract		County		Legal Entity
High School or K-12 Dis	·	ole for Reimbu	rsing the Cont	ract	County		Legal Entity
Carter County H					Carter		0097
Is this contract shared  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?			
Are you applying for i (If yes, please attach ISOLATION: Section 20	explanation)	)	□ No	mhureamant	Student Name	School	Grade
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate of the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if increa	sed payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade
County Approval	□ yes	□ no			THIS CONTRACT Grades 1-12	IS FOR:	
Parent or Guardian N	ame: (Pleas	e Print)				nly   2nd Semester On	ly   Both Semesters
Duane Talcott Physical Address (str	eet address	only):			Pre-kindergarten/k	Kindergarten nly □ 2nd Semester On	ly □ Both Semesters
Elementary 0  Distance from home telementary 0  Contract is for one	om home to nearest bus stop, if any (one way)  y 0 HS 4  ct is for one-way only  sch Grade Level - Only include the students to be covered by this contract.  Pre-K K 1-8 9-12 Total Total Total  ans  Trans  pard  dence				KINDERGARTEN, Kindergarten chil by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School  Deadlines: PARENTS: Due to CLERKS: Send of files.  COUNTY SUPERI copy for your files.  (Fo	### APPREKINDERGARTEN:    d rides with other school-   d rides without other school-   d rides without other school-   times per day, times p	days per week ly 1, retain a copy for your al to OPI by July 10, retain a
insured driver will tra 2. In March and June, the transported for the part of the payment shall be	: sport or provide t nsport the studer he District shall p ast semester. e computed on the rminate at the er	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	on for the distance reported on the	cict(s).  ool is in session. The parent or guard contract actually occurs.  ner or principal of the school of the nucleon ompanying this contract.	
High School District		,	ard of Truste				Date
Carter County H S		Criali, BO					Date
			l attes	t that the above i	information is true and co		
Signature - Parent or G	iuardian					Date	

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202	59620-2501		School Year 2005- 2006 ue to School Clerk June 1		
Elementary District Responsible	e for Reimbursing the Cor	ntract	County		Legal Entity
High School or K-12 District Re	esponsible for Reimbursin	g the Contract	County		Legal Entity
Carter County H S			Carter		0097
Is this contract shared betw  ☐ yes ☐ no	een elementary and h	igh school?			
Are you applying for isolation (If yes, please attach explain ISOLATION: Section 20-10-14	nation)	□ No	Student Name	School	Grade
rates for special circumstances increased rates, individual circu trustees of the district, the cour Public Instruction. (10.7.116 AF	of isolation of residence. Imstances must be review ty transportation committed.	In order to receive wed and approved by the ee, and the Office of	Student Name	School	Grade
Check here only if increased parameters District Trustees and the Count	y Transportation Committ	ee.	Student Name	School	Grade
Elem District Approval		<b>·</b>	Student Name	School	Grade
County Approval  yes  Parent or Guardian Name:	no		THIS CONTRACT IS FO		- B # 0
Helen King	,		☐ 1st Semester Only	☐ 2nd Semester Only	y   Both Semesters
Physical Address (street ac	Idress only):		Pre-kindergarten/Kinder		y Doth Semesters
Distance from home to nea Elementary 0 HS  Distance from home to nea Elementary 0 HS 1  Contract is for one-way Students in Each Grade Level - Only  Pre Tot  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg. Contingency  Spec. Ed. Contin.	only include the students to be co		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School  Deadlines: PARENTS: Due to Sch  CLERKS: Send origina files.  COUNTY SUPERINTEN copy for your files.  RE (For dist	times per day, tool Clerk June 1.	days per week da
'					
insured driver will transport to In March and June, the Districtions transported for the past semi- The payment shall be computed.	provide transportation for the ne students. Mileage contract ct shall pay the parent the sur ester. Ited on the basis of the sched	student(s) to and from the schools are valid only when transportal officially approved in the applicule established in Section 20-10	after referred to as the District (district referred to as the District(s).  For our or bus stop on the days when school is in the distance reported on the contracation upon certification by the teacher or present the contracation upon certification by the teacher or present the contract of the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nur	
Elementary School District	Chair, Board				Date
High School District Carter County H S	Chair, Board	of Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardia	an			Date	

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Carter County H	HS				Carter		0097
Is this contract shar □ yes □ no	red between e	lementary ar	nd high scho	ol?			
Are you applying fo	h explanation	)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isolo dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	to receive pproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	oproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT IS	FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12  ☐ 1st Semester Only	□ 2nd Semester On	y   Both Semesters
Helen King Physical Address (s	street address	only):			Pre-kindergarten/Kind  ☐ 1st Semester Only	ergarten   2nd Semester On	y □ Both Semesters
					KINDERGARTEN/PR		, = ===================================
Distance from home Elementary <b>0</b> Distance from home Elementary <b>0</b> Contract is for contract in the contract	HS <b>50</b> e to nearest bu HS <b>15</b>	·	•		by this contract: To or from Bus Stop_ To or from School Kindergarten child ri	times per day, times per day, des without other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week
Students in Each Grade L	evel - Only include	the students to b	be covered by th	is contract.	Deadlines:		
	Pre-K Total	K Total	1-8 Total	9-12 Total			y 1, retain a copy for your
Regular Trans					files.	ENDENTS: Cond origina	al ta ODI hu kuku 10 matain a
Spec. Ed. Trans					copy for your files.	ENDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						REIMBURSEMENT R	
Correspondence						·	
Reg. Contingency Spec. Ed. Contin.					Rein	nbursement rate is determined 20-10-142, MCA.	mined by
Agreement between	n parent (pare	nt name)			, and school district (di	istrict name)	,
insured driver will 2. In March and June transported for the 3. The payment shal	ansport or provide transport the stude e, the District shall p e past semester. I be computed on t	nts. Mileage cor pay the parent the	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation approved in the application Section 20-10-1	ter referred to as the District(sor bus stop on the days when school is on for the distance reported on the contion upon certification by the teacher of 42, MCA, and the information accompare enrolled in school, whichever occurs	s in session. The parent or guard tract actually occurs. or principal of the school of the nu anying this contract.	
Elementary School			ard of Truste				Date
High School Distric Carter County H S	t	Chair, Boa	ard of Truste	ees			Date
			I attes	t that the above i	information is true and correct	t.	
Signature - Parent or	Guardian			<u></u>		Date	<del></del>

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	or Public IIIsi x 202501 a, MT 59620							
Elementary District Responsible for Reimbursing the Contract					County		Legal Entity	
High School or K-12 Dis	·	ole for Reimbu	rsing the Cont	ract	County		Legal Entity	
Carter County H					Carter		0097	
Is this contract share  ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for in (If yes, please attach ISOLATION: Section 2)	explanation)	)	□ No	mhureamant	Student Name	School	Grade	
rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc ne county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade	
Check here only if increa	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade	
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade	
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:		
Parent or Guardian N	lame: (Pleas	e Print)				Only   2nd Semester 0	Only   Both Semesters	
Kara Lambert Physical Address (str	eet address	only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for one Students in Each Grade Level  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	HS <b>42</b> to nearest bu HS <b>11</b> e-way only	us stop, if an	y (one way)	is contract.  9-12 Total	Kindergarten cheby this contract To or from Bus Sindergarten cheby the Country School School Sindergarten cheby the Country Superior Sindergarten cheby the Country S	t: Stop times per da ol to School Clerk June 1. original to County Supt by  RINTENDENTS: Send original	days per week y, days per week  July 1, retain a copy for your ginal to OPI by July 10, retain a  RATE OPI use only)	
insured driver will tra In March and June, t transported for the p The payment shall b This contract shall te	: sport or provide t nsport the stude he District shall p ast semester. e computed on the rminate at the er	transportation for nts. Mileage cor pay the parent the ne basis of the so nd of the school of	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on the days when s	school is in session. The parent or g the contract actually occurs. acher or principal of the school of the accompanying this contract.	e number of days the student(s) was	
Elementary School D	ISTRICT	Chair, Board of Trustees Date						
High School District Carter County H S		Chair, Boa	ard of Truste	es 			Date	
			l attes	t that the above i	information is true and o			
Signature - Parent or C	Guardian					Date		

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620								
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Carter County F	l S				Carter		0097		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac			□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circum increased rates, individual trustees of the district,	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and a mittee, and the	to receive pproved by the	Student Name	School	Grade		
Public Instruction. (10.  Check here only if incr District Trustees and the	eased payment	due to isolation	n has been a	oproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FO	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Kerry Gardner Physical Address (s	troot address	only):			Pre-kindergarten/Kindergarten				
Filysical Address (s	sireet address	Offiy).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters  KINDERGARTEN/PREKINDERGARTEN:				
Distance from home to nearest school (one way) Elementary 0 HS 40  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 7					Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, es <u>without</u> other scho	days per week days per week ool-age students: days per week		
□ Contract is for o	ne-way only					times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	<b>CLERKS:</b> Send origina files.	I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans						NDENTS: Send origina	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					RI	EIMBURSEMENT R trict, county and OPI			
Correspondence						·			
Reg. Contingency					Reimb	ursement rate is detern 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20 10 112, 1110/1.			
A		-4 >				wish or some			
Agreement between	ı parent (pare	п. пате)		County harris	, and school district (dist fter referred to as the District(s)	,	,		
(county name)  The parties agree as follow  1. The parent shall tra		transportation for		•	I or bus stop on the days when school is in		dian assures that a licensed and		
	, the District shall p				ion for the distance reported on the contra ation upon certification by the teacher or p		umber of days the student(s) was		
<ol><li>The payment shall</li></ol>	be computed on the				142, MCA, and the information accompan er enrolled in school, whichever occurs fin				
Elementary School			ard of Truste				Date		
High School District Carter County H S	l	Chair, Boa	ard of Truste	ees			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

#### INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620								
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Carter County F	ł S				Carter		0097		
Is this contract shar  ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval	□ yes	□ no □ no			THIS CONTRACT IS F	FOR:			
Parent or Guardian	Name: (Pleas	e Print)			□ 1st Semester Only	□ 2nd Semester On	ly   Both Semesters		
Teresa Walker Physical Address (s	treet address	only):			Pre-kindergarten/Kindergarten				
1 Hysical / Idaress (c	arcet address	Omy).			☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters  KINDERGARTEN/PREKINDERGARTEN:				
Distance from home to nearest school (one way) Elementary 0 HS 0  Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kindergarten child rides with other school-age students also covered by this contract:  To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
□ Contract is for o	ne-way only				To or from School	times per day, <sub>-</sub>	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	Deadlines: PARENTS: Due to So	hool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total			ly 1, retain a copy for your		
Regular Trans						:NDENTS: Send origin:	al to OPI by July 10, retain a		
Spec. Ed. Trans					copy for your files.				
Room & Board					F	REIMBURSEMENT Restrict, county and OP			
Correspondence						, , ,	,,		
Reg. Contingency Spec. Ed. Contin.					Reim	bursement rate is determined bursement rate is determined by 20-10-142, MCA.	mined by		
Agreement between	n parent (pare	nt name)			, and school district (dis	strict name)	,		
insured driver will to a line March and June transported for the 3. The payment shall this contract shall	ansport or provide transport the students, the District shall past semester.  be computed on the terminate at the error.	nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid e sum officially a hedule establish ear or when the	o and from the school only when transportating proved in the applicated in Section 20-10-student(s) is no longer	fter referred to as the District(s I or bus stop on the days when school is ion for the distance reported on the contration upon certification by the teacher or 142, MCA, and the information accompa er enrolled in school, whichever occurs f	in session. The parent or guaract actually occurs. principal of the school of the nunying this contract.	umber of days the student(s) was		
Elementary School		,	ard of Truste				Date		
High School District Carter County H S	i	Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and correct				
Signature - Parent or	Guardian					Date			

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620							
Elementary District Responsible for Reimbursing the Contract					County		Legal Entity	
High School or K-12 Dis		ole for Reimbu	rsing the Cont	tract	County		Legal Entity	
Carter County H					Carter		0097	
Is this contract share  ☐ yes ☐ no	ed between el	ementary ar	nd high scho	ol?				
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	)	□ No	mbursament	Student Name	School	Grade	
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and apprint the mittee, and the mittee.	o receive oproved by the	Student Name	School	Grade	
Check here only if incre	ased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade	
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade	
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:		
Parent or Guardian N	Name: (Pleas	e Print)				Only    2nd Semester	Only   Both Semesters	
Vicky McCutcha Physical Address (st		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
Distance from home Elementary 0  Distance from home Elementary 0  Contract is for on Students in Each Grade Le  Regular Trans  Spec. Ed. Trans  Room & Board  Correspondence  Reg.  Contingency  Spec. Ed. Contin.	to nearest so HS <b>38</b> to nearest bu HS <b>11</b> ne-way only	shool (one wa	y (one way)	is contract.  9-12 Total	KINDERGARTE Kindergarten c by this contrac To or from Bus s To or from Bus s To or from Scho  Deadlines: PARENTS: Due  CLERKS: Seno files.  COUNTY SUPE copy for your file	EN/PREKINDERGARTEN: hild rides with other schot: Stop times per day hild rides without other s Stop times per day hild rides without other s Stop times per day ool times per day e to School Clerk June 1. d original to County Supt by ERINTENDENTS: Send original	days per week da	
insured driver will trace.  In March and June, transported for the payment shall be traced to	s:  nsport or provide ansport the stude the District shall p aast semester. be computed on the erminate at the er	transportation fo nts. Mileage cor nay the parent th ne basis of the si nd of the school	r the student(s) to stracts are valid of e sum officially a chedule establish	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	ter referred to as the Di or bus stop on the days when on for the distance reported on	school is in session. The parent or the contract actually occurs. eacher or principal of the school of the accompanying this contract.	guardian assures that a licensed and ne number of days the student(s) was	
High School District		,	ard of Truste				Date	
Carter County H S		Criali, DO					Date	
			l attes	t that the above	information is true and			
Signature - Parent or	Guardian					Date		

#### Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	on Public IIIs Box 202501 na, MT 59620							
Elementary District Responsible for Reimbursing the Contract					County		Legal Entity	
High School or K-12 D		ole for Reimbu	rsing the Cont	tract	County		Legal Entity	
Carter County F					Carter		0097	
Is this contract share □ yes □ no	ed between e	ementary ar	nd high scho	ol?				
Are you applying for (If yes, please attact ISOLATION: Section	h explanation	)	□ No	mhursement	Student Name	School	Grade	
rates for special circum increased rates, indivic trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and appropriate in the contract of t	o receive oproved by the	Student Name	School	Grade	
Check here only if incredistrict Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade	
Elem District Approval HS District Approval		In □ no □	itials		Student Name	School	Grade	
County Approval	□ yes	□ no			THIS CONTRA Grades 1-12	ACT IS FOR:		
Parent or Guardian	Name: (Pleas	e Print)				er Only	er Only   Both Semesters	
Wesley & Patric Physical Address (s		only):			Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters			
						EN/PREKINDERGARTEN	<u>√</u> : hool-age students also covered	
Distance from home Elementary <b>0</b>	to nearest so HS <b>16</b>	chool (one wa	ay)		by this contra To or from Bus	s Stoptimes per	day, days per week	
Distance from home Elementary <b>0</b>	to nearest but HS <b>3.8</b>	us stop, if an	y (one way)		Kindergarten To or from Bus	child rides <u>without</u> other Stop times per	day, days per week	
□ Contract is for o	ne-way only				To or from Sch	nool times per	day, days per week	
Students in Each Grade Le	evel - Only include	the students to I	be covered by th	is contract.	Deadlines:	on to Oak and Okada love A		
	Pre-K	K	1-8	9-12		ue to School Clerk June 1.		
De volen Trese	Total	Total	Total	Total	<b>CLERKS</b> : Ser files.	nd original to County Supt	by July 1, retain a copy for your	
Regular Trans  Spec. Ed. Trans					COUNTY SUP		original to OPI by July 10, retain a	
Room & Board					5567 161 7641 11	REIMBURSEME	NT RATE	
Correspondence						(For district, county and	OPI use only)	
Reg. Contingency						Reimbursement rate is		
Spec. Ed. Contin.						20-10-142, M	CA.	
Agreement betweer	n parent (pare	nt name)			, and school dis	strict (district name)	,	
(county name) The parties agree as follow	vs:			County, hereinaf	ter referred to as the I	District(s).		
insured driver will t	ransport the stude	nts. Mileage cor	ntracts are valid	only when transportati	on for the distance reported o	on the contract actually occurs.	or guardian assures that a licensed and	
transported for the	past semester.	•	•				f the number of days the student(s) was	
<ol> <li>This contract shall</li> </ol>	terminate at the er	nd of the school	year or when the	student(s) is no longe	142, MCA, and the information er enrolled in school, whichever	n accompanying this contract. er occurs first.	Data	
Elementary School		Í	ard of Truste				Date	
High School District Carter County H S		Chair, Board of Trustees Date						
			I attes	t that the above	information is true and	d correct.		
Signature - Parent or	Guardian					Date		